

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 1590

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death July 20<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret Kane

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 54 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Ireland

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 37 years

Place of Death, { Give Street and Number. } 861 Hollins St

Cause of Death, { First (Primary), Phthisis  
Second (Immediate), Exhaustion }

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 22<sup>nd</sup>

{ Undertaker, J. F. Cowan }

{ Place of Business, 901 Hollins St }

F. J. Flannery

M. D.

Medical Attendant.

Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1591

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department City of Baltimore.

Permit No. A 1591 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other persons superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JH

## CERTIFICATE OF DEATH.

Date of Death, July 20<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Veronika Wissler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany (15 yrs in America)

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give Street and Number. } Joseph's Hospital

Cause of Death, { First (Primary), Cancer of Uterus (Epithelioma) Second (Immediate), Exhaustion

Duration of Last Sickness, 2 yrs -

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, July 22 1887

{ Undertaker, Henry Keith

{ Place of Business, 1037 Lombard Street Address, 624 N Calvert St

Oscar J. Coskery M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 159<sup>2</sup> Office of Registrar of Vital Statistics. Ward 15<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

July 20 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

✓ Chester Pindar

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

✓ 13 all.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

11 Warren av  
Premature birth

Cause of Death, { First (Primary),  
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 21/87

Undertaker, Charles J. Flanagin

Place of Business, 915 Light

✓ H W Webster M. D.

Medical Attendant.

Address, 106 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 1593 Office of Registrar of Vital Statistics. Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, July 19 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Levy Samuels

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Retired

Birth Place, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, { Give Street and Number. } 930 Park Ave

Cause of Death, { First (Primary), Second (Immediate), } Bright's Disease of Kidney

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Lloyd st Synagogue

Date of Burial, July 22 1887

{ Undertaker, J. D. Sonnheim

{ Place of Business, 1207 Green St

Theodore Corke M. D.

Medical Attendant.

Address, 518 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

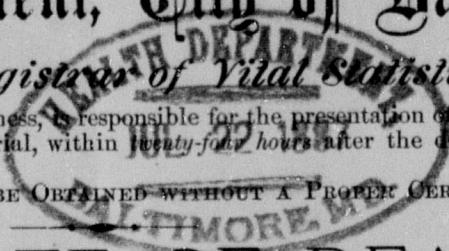
Permit No. A 159

Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



(D)

## CERTIFICATE OF DEATH.

Date of Death,

July 21, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma Frances Strieder

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, \_\_\_\_\_ Years, 10 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

In Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1217 Gough St

Cause of Death, { First (Primary), \_\_\_\_\_ }

Cholera Infestation

{ Second (Immediate), \_\_\_\_\_ }

Prostration

Duration of Last Sickness,

one month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 23<sup>rd</sup> 1887

{ Undertaker, Peter Frey }

{ Place of Business, 91 E. 20th St }

Wm T. Cathell M. D.

Medical Attendant.

Address, 4 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Permit No. A 1595

# Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 20, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary E. Hussey

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

18 Years,

Months,

Days.

Color,

White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balk

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give Street and Number. }

1103 Johnson St

Cause of Death, { First (Primary),

Second (Immediate),

Phthisis

Emphyse

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 23, 1887

{ Undertaker, Bernard Harle }

{ Place of Business, 115 West St. }

Address, 578 Hanover St

Medical Attendant,

Leonard C. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause [OVER.]

No. 1596

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1596 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, July 21<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hartford Western

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 3 Months, 6 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } — ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt-City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 809 Peale Alley

Cause of Death, { First (Primary), Second (Immediate), }

Philadelphia

Duration of Last Sickness, 4 or 5 days —

All the above information should be furnished by the Physician.

Place of Burial, Sharp &amp; Son's Cemetery

Date of Burial, July 22 1887

Undertaker, Hercules 2028

S. J. Bell

M. D.

Medical Attendant.

Place of Business, 404 Conway Address, 841 N. E. 20th St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 1157

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1597 Office of Registrar of Vital Statistics. Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } W. St. of Bay St. -

Cause of Death, { First (Primary), Valvular dis. of heart  
Second (Immediate), }

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, July 22 1887 Alex. Hill

M. D.

{ Undertaker, Geo. E. Brooks

Medical Attendant.

{ Place of Business, Health Dept. Address, Corcoran

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 757  
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 1598 Office of Registrar of Vital Statistics. Ward 15<sup>1</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.~~

B

## CERTIFICATE OF DEATH.

Date of Death, July 18<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Bromley

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 35 Years, Months, Days.

Color, Col-

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation, Sailor.

Birth Place, { State or country, and for long in the United States, if of foreign birth. } Northumberland Co. Va.

Duration of Residence in the City of Baltimore, 6 days.

Place of Death, { Give Street and Number. } 903 Peach Alley.

Cause of Death, { First (Primary), Was over come by heat on Saturday - Congestion of Brain. Second (Immediate), Shock. }

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, July 22<sup>nd</sup> 1887

Undertaker, Geo. E. Brown Coroner J. J. Flannery M. D.  
Place of Business, Health Office Address, 1701 Dr. Hill av.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1599

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1599 Office of Registrar of Vital Statistics. Ward 5<sup>11</sup>/<sub>4</sub>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED JULY 22 TH OUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 12 Years, — Months, — Days.

Color, Wht.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1111 Thompson St.

Cause of Death, { First (Primary), Incised wound in back entering chest bet. 9 &amp; 10 ribs &amp; cutting lung. Second (Immediate), 1st hemorrhage }

Duration of Last Sickness, 55 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Burial

Date of Burial, July 13 1887

{ Undertaker, Ch. Weber }

{ Place of Business, 818. Pennount Ave }

Alexander Hill

M. D.

Medical Attendant.

Address, 223 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]